

01-R-1854

Entered - 10/17/01 - sb
CL01L0639 - DIANNE C. MITCHELL

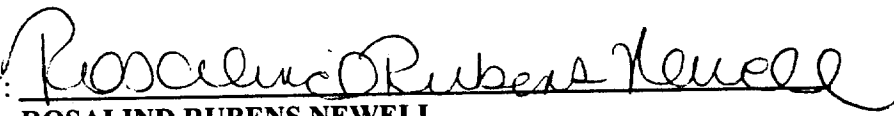
CLAIM OF: **JERRY P. KENNEBREW**
3217 W. Anderson Drive
Lithia Springs, Georgia 30122

For damages alleged to have been sustained as a result of a vehicular accident on September 29, 2001 at Central Avenue, SW and Glenn Street, SW.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **JERRY P. KENNEBREW** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on September 29, 2001 at Central Avenue, SW and Glenn Street, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0639

Date: November 2, 2001

Claimant /Victim JERRY P. KENNEBREW
BY: (Atty)(Ins. Co.) _____
Address: 3217 W. Anderson Drive, Lithia Springs, Georgia 30122
Subrogation: _____ Claim for Property damage \$ 2,640.70 Bodily Injury \$ _____
Date of Notice: 10/10/01 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 09/29/01 Place: Central Avenue, SW and Glenn Street, SW
Department Police Division: _____
Employee involved J. A. Holbrook Disciplinary Action: No Action Taken

NATURE OF CLAIM: Officer Holbrook lost control of a City horse and the horse struck the claimant's vehicle causing damages in the above amount.

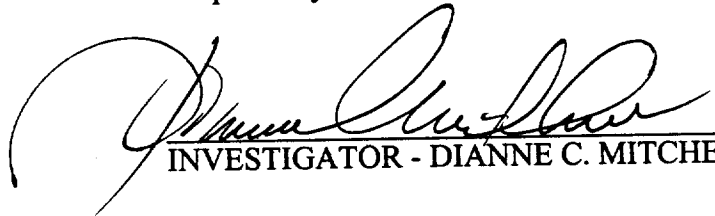
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

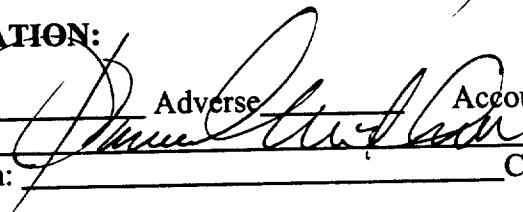
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 11-02-01
Committee Action: _____ Council Action _____

ACCIDENT REPORT NO. ←

012721399

RECEIVED

OCT 10 2001

MUNICIPAL CLERK

ENTERED - 10-17-01 - SB

01L0639 - DIANNE MITCHELL

RE: CLAIM FOR DAMAGES

Today's Date: 10-5-01

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2640.70 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 9-29-01 (month/day/year) 2. Time of Incident: 3:25 PM 3. Police called: Yes No

4. Location of incident (including street address): CENTRAL AVE

5. Name of your insurance company: Allstate Policy No. 031230689 10/16

6. State what and how incident occurred: I WAS TRAVELING N.W. ON CENTRAL AVE. A MOUNTED PATROLMAN'S HORSE BOLTED OUT IN THE STREET IN MY LANE, HITTING MY VAN IN THE SIDE WITH HIS RIGHT REAR HIP.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Plymouth (Make) 1993 (Year) 228 DV (Tag Number) JERRY P. KENNEDY (Driver's Name)

City vehicle: (House) (Make) K.D. STOVER (City Driver's Name) 1009 (Department/Bureau) MOUNTED PATROL

9. Witness: ARTHUR LEMMONS (Name) 3052-C SPRING HILL PKY. SMYRNA, GA 30080 (Address) 770-432-0152 (Telephone Number) 404-894-9937 (W)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

JERRY P. KENNEDY (Print Claimant's Name)

3217 W. ANDERSON DR.
LITHIA SPRINGS GA. 30122 (Address)

LITHIA, SPGS. GA. 30122 (City, State and Zip Code)

(7) 948-6703 (Work Number) (Home Number)

Report NO.
012721399

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 01L0639

\$ 2,000.00

IN CONSIDERATION of the sum of **TWO THOUSAND AND NO/100**

_____ DOLLARS, to be paid to me by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City, its officers and employees, including but not limited to **J. A. Holbrook**, from any and all claims, demands, actions, causes of action, suits, damages, loss and expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred, and particularly for or on account of **a vehicular accident** which occurred on or about the **29th** day of **September**, **2001**.

at or near Central Avenue, SW and Glenn Street, SW

It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

WITNESS my hand and seal this 1st day of November, 2001.

Jerry P. Kennebrew (LS)
JERRY P. KENNEBREW

The above release was read and explained to, and signed by the said Jerry P. Kennebrew
_____ in our presence on the date above written.

Notary Public, Carroll County, Georgia
My Commission Expires Dec. 7, 2003

Gymberly Brooks
Bernie L Law
Witnesses